

Kitnocks Specialist Care Ltd







Kitnocks House

Inspection report

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Ratings

Overall rating for this service		Good	
Is the service safe?		Good	
Is the service effective?		Good	
Is the service caring?		Good	
Is the service responsive?		Good	
Is the service well-led?		Good	

Overall summary

The inspection took place on 24 October 2014 and was unannounced

Kitnocks House is a nursing home that provides care and support to people with mental health needs and people with a learning disability. Some people living in the home used a wheelchair and required support with their mobility. The home had suitable facilities and equipment in place to meet their needs. The home is able to accommodate up to 63 people.

A registered manager was in place. A registered manager is a person who has registered with the Care Quality

Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

Staff understood the needs of people and care was provided with kindness and compassion. People, relatives and health care professionals told us they were

Summary of findings

happy with the care and described the service as excellent. One health care professional said: “The staff work well with people living here, they have good understanding of what people’s needs are”.

People were supported to take part in activities they had chosen. Records showed people’s hobbies and interests were documented and staff accurately described people’s preferred routines.

Staff were appropriately trained and skilled to deliver safe care. They all received a thorough induction before they started work and fully understood their responsibilities to report any concerns of possible abuse. Records showed staff received training in mental health, learning disabilities and how to help people who display behaviours that may challenge others.

The provider had employed skilled staff and took steps to make sure care was based on local and national best practice. Information regarding diagnosed conditions was documented in people’s care plans and risks to health and wellbeing were discussed daily during staff meetings. Staff consistently told us they communicated risks associated with people health and behaviours frequently.

The registered manager assessed and monitored the quality of care provided involving people, relatives and professionals. Each person and every relative told us they were regularly asked for feedback and were encouraged

to voice their opinions about the quality of care provided. Records showed care plans had been reviewed regularly and people’s support was personalised and tailored to their individual needs.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect the rights of people using services by ensuring that if there are any restrictions to their freedom and liberty, these have been authorised by the local authority as being required to protect the person from harm. We observed people’s freedoms were not unlawfully restricted and staff were knowledgeable about when a DoLS application should be made.

Referrals to health care professionals were made quickly when people became unwell. Each health care professional told us the staff were responsive to people’s changing health needs. One health care professional said: “We work well together and they always contact us if they need advice or they want if they want to hold a review of someone’s care”.

Staff spoke with people in a friendly and respectful manner. The service had a personalised and people told us they were encouraged to raise any concerns about possible abuse.

Care plans were reviewed regularly and people’s support was personalised and tailored to their individual needs.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe. Staff could identify the different signs of abuse and knew the correct procedures to follow should they suspect someone was being abused. Staff had undertaken training in safeguarding adults. Risk assessments were carried out and plans were in place to minimise people experiencing harm.

The home had sufficient numbers of suitably skilled and competent staff to keep people safe. Staff were subject to safety checks before they began working in the service.

Medicines were appropriately stored and disposed of. People received their medicines when they needed them. Staff had received training in how to administer medications safely.

Good



Is the service effective?

The service was effective. Staff were knowledgeable about the requirements of the Mental Capacity Act 2005 (MCA). People's freedom was not unlawfully restricted as the provider had good checks in place to assess and monitor people's capacity to make decisions. The provider had effective arrangements in place to ensure people's liberty was not restricted without authorisation from the local authority.

The provider assessed people's dietary needs and delivered effective care to people requiring help to eat and drink. Referrals to health care professionals happened when needed when staff felt people became unwell.

Staff had received good training and ongoing development to support them in their role. They had a good induction and ongoing development that related to people's needs.

Good



Is the service caring?

The service was caring. Staff were kind, compassionate and treated people with dignity and respect. The service had a culture that promoted inclusion and independence. People and relatives told us they felt valued by the staff and management.

Healthcare professionals, feedback reviews from relatives and people told us Kitnocks House provided good care. Care plans were personalised and provided detail about people's hobbies and interests.

Good



Is the service responsive?

The service was responsive. Staff communicated with professionals to make sure people's health care needs were properly addressed and regularly reviewed.

Staff responded appropriately to people's changing needs. Records associated with people's health were updated quickly to provide accurate information to meet people's needs.

The provider had arrangements in place to deal with complaints. People and relatives consistently told us any issues raised were dealt with in good time.

Good



Summary of findings

Is the service well-led?

The service was well-led. The registered manager and the provider had good relationships with healthcare professionals. Relatives told us healthcare professionals regularly visited the home to assess people's care needs.

People using the service, their relatives and professionals were regularly asked for their feedback and this information was used to help improve the service.

Good leadership was seen at all levels. Relatives told us the senior staff and manager was approachable and took any concerns raised seriously.

Good



Kitnocks House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 24 October 2014 and was unannounced.

The inspection team consisted of two inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert held experience in supporting people with an acquired brain injury.

Before the inspection visit we looked at previous inspection reports and notifications we had received. A notification is information about important events which the service is required to tell us about by law.

We spoke with the registered manager, 10 care workers, four nurses, two kitchen assistants, six relatives and eight people. We reviewed the care records associated with 10 people and looked at the records for eight members of staff. We looked at the staff duty rotas, the providers recruitment practices, reviewed policies and procedures relating to medication, health and safety, reporting of incidents, moving and handling and decision making processes. We observed interaction between people living in the home and care staff. We also conducted a short observational framework inspection (SOFI). SOFI is a method of observation used to help us understand the experience of people in a care home who are unable to communicate with us effectively.

Following our visit, we telephoned three health care professionals to consult with them about their experiences of the service and the care provided to people who used the service. We also reviewed information sent to us from the local authority.

The last inspection took place on 24 January 2014 and there were no concerns.

Is the service safe?

Our findings

People consistently told us they felt safe. One person said: “I feel safe because there is always a member of staff around to help me when I need it”. Another person told us they felt looked after and protected from possible harm.

Staff were knowledgeable about their responsibilities to protect people from abuse and knew who to contact if abuse was suspected. They accurately described the services safeguarding policy which documented the different forms of abuse that could take place. Examples of these included physical, sexual, psychological, financial, neglect and discriminatory abuse. It provided guidance about how to raise a safeguarding concern and detailed contact information about the Care Quality Commission (CQC), the local authority, the Police and advocacy agencies. Staff accurately describe the policy and said they would not hesitate to contact CQC or the local authority if they felt abuse took place. Staff had received training in safeguarding people from abuse.

Staff were knowledgeable about how to protect people who may display behaviours that challenge others and explained the risks associated with people’s care. People’s risk assessments were detailed and contained strategies for staff to follow should behaviours become challenging. Staff responded appropriately to particular behaviours and followed the guidance detailed in people’s plans. Notifications received showed the provider had alerted the local authority safeguarding team and other professionals when necessary, such as a community psychiatric nurse. Care reviews showed incident records were used to monitor and identify any patterns or triggers in people’s communication or behaviour changes. For example, staff had recognised one person’s behaviours became challenging when in the presence of another person in the home.

Nursing staff told us arrangements were in place to review and to respond to risks appropriately on a daily basis. They told us particular staff were responsible for monitoring behaviours and health related conditions. One care worker said: “All the staff talk to each other and share any concerns they find”. During our inspection the registered manager informed us one person was being collected and taken to hospital. They told us the person concerned was likely to

become anxious and display behaviours that may challenge. We observed staff monitoring the person’s behaviours closely and other people were asked to move from specific areas to reduce the risk of them being placed at harm.

The registered manager regularly reviewed staffing levels to ensure they had the correct mix of skills and competency on duty during the day and night to be able to meet people’s individual needs. The registered manager told us the amount of staff on duty was dictated by the care needs of people. Relatives and healthcare professionals consistently told us the service had employed suitably skilled staff to meet people’s needs. One person said: “I am never without help, if I ask for help I get it pretty quickly”. Records showed staff had received training in understanding people’s mental health needs, learning disabilities and dementia.

People were protected from risks associated with employing staff who were not suited to their role, as there were robust recruitment systems in place. These included assessing the suitability and character of staff before they commenced employment. Applicants’ previous employment references were reviewed as part of the pre-employment checks. Records showed staff were required to undergo a Disclosure and Barring Service (DBS) check. DBS enables employers to make safer recruitment decisions by identifying candidates who may be unsuitable to work with vulnerable adults.

Arrangements were in place for the safe storage and management of medicines, including controlled drugs (CD). CD are medicines which may be misused and there are specific ways in which they must be stored and recorded. People told us they were satisfied with the support they received with their medication needs and said frequent medication reviews took place. Relatives told us their family members received pain relieving medicines when required and documentation stated reasons for the administration and dosage given. We observed staff following safe administration practices and staff were able to describe the provider’s medication policy in detail. Medicines that were no longer required or were out of date were appropriately disposed of on a regular basis with a local contractor and documented accordingly.

Is the service effective?

Our findings

People and healthcare professionals told us staff were suitably trained and qualified to deliver effective care and support. Relatives consistently told us they felt staff were knowledgeable about the care they provided and said their family members needs were met to a good standard. One relative said: “It can be very difficult to meet everyone’s needs but I think the staff are competent enough to care for people properly”.

People who had been identified as being at risk of choking, malnutrition and dehydration had been assessed and supported to ensure they had sufficient amounts of food and drink. A nurse told us they used a malnutrition universal screening tool (MUST) to identify people who may be underweight or at risk of malnutrition. Food and fluid intake was monitored and recorded. People were provided with choice about what they wanted to eat and told us the food was of good nutritional quality and well balanced. The chef offered a menu that took account of people’s preferences, dietary requirements and allergies. Staff were knowledgeable about people’s dietary needs and accurately described people’s requirements. We observed people enjoying their food at meal times.

Staff received an effective induction into their role. Each member of staff had undertaken a “Skills for Care Common Induction Standards”. (CIS) programme. CIS are the standards employees working in adult social care should meet before they can safely work unsupervised. Records showed staff had regular supervision and appraisal (supervision and appraisal are processes which offer support, assurances and learning to help staff development). Senior staff had conducted competency checks to ensure they were appropriately skilled to meet

people’s needs. For example, observing moving and handling practice and administering medicines. Records showed staff received training specific to people’s needs. This included learning about dementia, behaviours that may challenge and moving and handling.

People’s views and decisions were respected. Some people were unable to express their views or make decisions about their care and treatment. The Mental Capacity Act 2005 (MCA) contains five key principles that must be followed when assessing people’s capacity to make decisions. Staff were knowledgeable about these requirements and records showed people’s capacity had been properly assessed and documented. Staff were able to illustrate the principles of the MCA and described the times when a best interest decision may be appropriate. For example, one member of staff said: “If someone is unable to make a decision then we have a meeting with their relative or their advocate to make sure the decision is made in their best interest”. Relatives consistently told us they were able to express their views about their family members care.

Staff responded effectively to ensure people’s freedom was not unlawfully restricted without authorisation. The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect the rights of people using services by ensuring if there are any restrictions to their freedom and liberty, these have been authorised by the local authority as being required to protect the person from harm. There were four people subject to DoLS at the time of our inspection. Staff were knowledgeable about the safeguards people had in place and were able to describe their restrictions. Records showed staff regularly reviewed people’s DoLS and considered the least restrictive option.

Is the service caring?

Our findings

People told us they felt well cared for and said they were respected. One person said: “They [staff] are good here, they do everything they can and I have a lot of respect for them”. Another person told us they were satisfied with the way staff spoke with them. They said: “They [staff] are polite and they smile when they talk to me”. One person said: “I get my nails done every 2-3 weeks. I like reading and doing crosswords so the staff get books for me”. They told us staff were respectful and asked her what she wanted to wear each day. A relative told us their wife gets her nail varnish and her hair done regularly and he felt they “Absolutely respected her dignity.” They said: “The staff are absolutely brilliant – I can’t express in words – and that’s all the staff. Everything is brilliant – when she came here, it was like winning the lottery”

Staff spoke gently with people, smiled, encouraged and provided reassurance when helping to deliver care. We observed staff consistently supporting people in a calm and friendly manner.

People were encouraged to maintain their family relationships. One bedroom had a large family tree on the wall with photographs of members of their family so they could see the people that were important to them and see how they were related to them. They also had a theme of butterflies and flowers in their room which they had chosen.

We observed staff speaking with people about their personal interests and taking time to ask questions about their hobbies. People responded positively and were relaxed during conversations with staff. One person said: “Sometimes we talk about the things I enjoy or the things I used to do. I watch the staff making a lot of effort to speak to people, even the people who can’t really speak back” Healthcare professionals told us staff were caring and tried to promote a friendly and supportive environment. One

healthcare professional told us each time they visited Kitnocks people were being supported to access the community, take part in activities such as playing games with staff or playing games in the garden.

Staff were friendly, supportive and promoted dignity when providing care. People told us they were treated with kindness and compassion. We consistently observed positive interactions between staff and people. For example, we saw one member of staff helping someone to eat. The staff member positioned themselves close to the person and maintained eye contact; they fed the person slowly and waited until they were ready for the next mouthful of food. The staff member was smiling, spoke calmly and was mindful of the person’s dignity. We observed another member of staff interacting with someone who had become anxious, upset and confused. The member of staff listened to the person, calmly provided reassurance and spoke with the person about their interests and places they had previously visited as a younger person.

Staff completed a common induction standards programme which included learning about dignity and respect in a care home, person centred support and promoting independence. One care worker said: “We learned about respect and dignity in our training but we do talk about it in our meetings”. Training records confirmed staff had undertaken this training and observations showed staff applying their learning in practice.

Care and support records showed people’s relatives and professionals had been involved in implementing and reviewing people’s care. A relative told us the staff contacted them regularly to update them and to invite them to care reviews. They told us: “I meet to discuss my mother’s care when necessary and they keep me informed of any changes as and when. My mother has a range of complex health issues and was prone to falling, however the staff here have managed that very well and she is doing well”.

Is the service responsive?

Our findings

People told us their support was personalised and changes in care were quickly identified and implemented into their care plans. One person said: “The staff support me the way I need to be supported”. Another person told us they were satisfied with the care and support they received and said: “If things change the staff know what they need to do, they all [staff] seem to communicate well and understand what I want”.

People and relatives told us they knew how to complain. The service had good arrangements in place to deal with complaints. People, relatives and staff consistently told us complaints were taken seriously and investigated thoroughly. Records showed where people had made complaints the complainant was regularly consulted and updated with any progress. A relative told us they had complained about an issue several months ago and found the staff member dealing with the complaint was understanding and committed to dealing with it efficiently. One person said: “It is OK here but if I wanted to complain I would speak to the staff or go to the office and tell them”

Records were personalised and documented people’s interests, histories, wishes and personal preferences. For example, one person’s care plan documented their musical interests and activities they enjoyed whilst another record for a different person documented their accommodation history and wishes for the future.

The provider had recently implemented best practice in relation to the environment to help people living with dementia. The matron had completed a training course in how to create an environment suitable for people who had been diagnosed with dementia. They told us colours were

important to help people with dementia to identify different areas of the service and to remember things. Toilet doors were painted yellow and there were signs on the doors showing what the room was for and people’s names were on the doors to their bedrooms. In addition activity and information boards were displayed around the home. In one of the lounges a board displayed the year, the season, the weather, the date and what the next meal was. Relatives told us it was helpful as some people were not able to speak but could look at the pictures and the writing to tell which day it was and what was for dinner.

People received care that had been properly assessed to meet their specific needs. Care plans were regularly reviewed and provided accurate information. Staff told us reviews of people’s care plans took place regularly whilst comprehensive reviews took place twice a year. A nurse told us healthcare professionals and relatives were invited to attend the comprehensive reviews to ensure people important to the person were able to contribute to reassessing and evaluating their progress. Records showed relatives and healthcare professionals such as community psychiatric nurses and occupational therapists were included in reviews.

People received medical treatment in response to accidents and investigations were conducted appropriately. For example, a recent incident record showed how staff responded effectively after someone displayed behaviours that challenged. Their care plans and risk assessments had been reviewed and updated to reflect their change in care needs. Relatives told us the staff were responsive to incidents, a relative said: “Sometimes things happen that is no fault of the staff but they seem to deal with incidents pretty well. They are confident and know what to do”.

Is the service well-led?

Our findings

People, staff and relatives told us the service was well-led. Relatives and professionals consistently told us the registered manager and the senior staff were passionate and caring towards staff and people. Healthcare professionals were enthusiastic to tell us the service worked effectively with external organisations and that staff were not afraid to ask for advice or help if they needed it. One healthcare professional said: “It’s great they [staff] talk to us about people’s care because it means we are working together to achieve the best for people”. A relative told us the standard of care was good due to the strong management and commitment of their staff.

The service had an open culture where people had confidence to ask questions about their care and were encouraged to participate in conversations with staff. People told us they were motivated by staff and the care they received was specific to their needs. We observed staff interacting with people positively, displaying understanding, kindness and sensitivity. For example, we observed one member of staff smiling and laughing with one person when playing games. The person responded positively by smiling and laughing back. These staff behaviours were consistently observed throughout our inspection.

As part of the registered manager’s drive to continuously improve standards they regularly conducted audits to identify areas of improvement. These included checking the management of medicines, risk assessments, care plans, DoLS, mental capacity assessments and health and safety. They evaluated these audits and created action plans for improvement, when improvements were

required. One audit showed a small number of care plans had not been reviewed. The nurse told us the plans still provided an accurate account of people’s needs but would be prioritised for review.

Staff told us they felt able to raise concerns. The service had a whistle-blowing policy which provided details of external organisations where staff could raise concerns if they felt unable to raise them internally. Staff were aware of different organisations they could contact to raise concerns. For example, care staff told us they could approach the local authority or the Care Quality Commission if they felt it necessary.

Team meeting records showed staff had opportunities to discuss any concerns and be involved in contributing to the development of the service. One nurse said: “We meet regularly and there is an open door policy where all staff can raise positive and negative feedback”. A member of staff told us there were regular team meetings and staff also had the opportunity to provide feedback when they completed a staff survey. They told us the registered manager was always open to suggestions and said staff had put forward the idea of putting cloths on the tables and decorating people’s rooms to create a more homely environment. We saw this was being done.

The provider had arrangements for reporting incidents and accidents which staff were aware of. The registered manager was not at the service at the time of our inspection but the operations manager told us they reviewed every incident to see if there was any action needed to reduce the risk of reoccurrence. We looked at the provider’s analysis of incidents over a three month period which showed they had been reviewed, and there were no trends.